





Plan of Correction

Program Name: Northeastern Mental Health Center	Date Due: 8/31/2021
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Client Chart POC-1	
Rule #: 67:62:08:05	<p>Rule Statement: Integrated Assessment. A mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment. The assessment includes the following components:</p> <ol style="list-style-type: none"> 1. Strengths of the client and the client's family if appropriate, as well as previous periods of success and the strengths that contributed to that success. Identification of potential resources within the family, if applicable; 2. Presenting problems or issues that indicate a need for mental health services; 3. Identification of readiness for change for problem areas, including motivation and supports for making such changes; 4. Current substance use and relevant treatment history, including attention to previous mental health and substance use disorder or gambling treatment and periods of success, psychiatric hospital admissions, psychotropic and other medications, relapse history or potential for relapse, physical illness, and hospitalization; 5. Relevant family history, including family relationship dynamics and family psychiatric and substance abuse history; 6. Family and relationship issues along with social needs; 7. Educational history and needs; 8. Legal issues; 9. Living environment or housing; 10. Safety needs and risks with regards to physical actin gout, health conditions, acute intoxication, or risk of withdrawal; 11. Past or current indications of trauma or domestic violence or both if applicable; 12. Vocational and financial history and needs; 13. Behavioral observations or mental status, for example, a description of whether affect or

	<p>mood are congruent or whether any hallucinations or delusions are present;</p> <p>14. Formulation of a diagnosis, including documentation of co-occurring medical, developmental disability, mental health, substance use disorder or gambling issues or a combination of these based on integrated screening;</p> <p>15. Eligibility determination for SMI or SED for mental health services or level of care determination for substance use services, or both if applicable;</p> <p>16. Clinician's signature, credentials, and date; and</p> <p>17. Clinical supervisor's signature, credentials, and date verifying review of the assessment and agreement with the initial diagnosis or the formulation of the initial diagnosis in cases where the staff does not have the education or training to make a diagnosis.</p>
<p>Area of Noncompliance: Four out of six applicable CARE files did not contain educational history and needs;</p> <p>Four out of five applicable CYF files and four out of six applicable CARE files did not contain legal issues or lack thereof;</p> <p>Four out of eight applicable CYF files, three out of six applicable outpatient mental health files, and two out of six applicable CARE files did not contain past or current indications of trauma or domestic violence;</p> <p>Four out of eight applicable CYF files and two out of six applicable CARE files did not contain behavioral observations or mental status.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): NEMHC contracts with Accumedic for our EMR. We have submitted a request to change our assessment areas to include the components outlined individually as a subtitle in our document. Additionally, we will hold a clinical staff training to update everyone on the changes in the document that are supported in our clinical training material already submitted..</p>	<p>Anticipated Date Achieved/Implemented:</p> <p>Date 8/31/21</p>
<p>Supporting Evidence:  I can provide a copy to you once they have completed this requested change.</p> <p></p>	<p>Position Responsible: Clinical Supervisor and IT support</p>
<p>How Maintained:  Quality reviews and supervisory sign off </p>	<p>Board Notified: Y <input checked="" type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Client POC-2	
<p>Rule #: 67:62:08:05</p>	<p>Rule Statement: Integrated Assessment. A mental health staff member shall meet with the client and the client's family if appropriate, to complete an integrated assessment, within 30 days of intake. The integrated assessment includes both functional and diagnostic components. For children under 18 years of age, the mental health staff shall obtain permission from the parent or guardian to meet with the child, and at least one parent or guardian shall participate in the assessment.</p>

Area of Noncompliance: Six out of eight applicable CYF files, three out of six applicable CARE files, and two out of seven applicable outpatient mental health files did not have assessments completed within 30 days of intake.	
Corrective Action (policy/procedure, training, environmental changes, etc): Clinical staff will sign the document when complete to reflect completion during the 30-day window. Previously, NEMHC staff completed the assess and updates within the 30 days but did not sign document until the client and or supervisor had approved which resulted in different dates of completion. The accreditation team stated they go by the clinician signature for the 30-day date.	Anticipated Date Achieved/Implemented: Date 8/31/21
Supporting Evidence: All staff will be provided with a written update to the clinical tutorial which states to sign and complete the assessments and updates within the required 30 day and 6 month window.	Position Responsible: Clinical supervisors, Clinical Director
How Maintained: Quality reviews and supervisory sign off	Board Notified: Y <input checked="" type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-3	
Rule #: 67:62:08:06	<p>Rule Statement: Treatment Plan The initial treatment plan shall be completed within 30 days of intake and shall include the mental health staff's signature, credentials, and date of signature, and the clinical supervisor's signature and credentials if the mental health staff does not meet the criteria of clinical supervisor as defined in subdivision 67:62:01:01 (8). Evidence of the client's or client's parent or guardian's participation and meaningful involvement in formulating the plan shall be documented in the file. This may include their signature on the plan or other methods of documentation.</p> <p>The treatment plan shall:</p> <ol style="list-style-type: none"> 1. Contain either goals or objectives, or both, that are individualized, clear, specific and measurable in the sense that both the client and the mental health staff can tell when progress has been made; 2. Include treatment for multiple needs, if applicable, such as co-occurring disorders that are relevant to the client's mental health treatment; 3. Include interventions that match the client's readiness for change for identified issues; and 4. Be understandable by the client and the client's family if applicable. <p>A copy of the treatment plan shall be provided to the client, and to the client's parent or guardian if applicable.</p>
Area of Noncompliance: Six out of eight applicable CYF files, three out of six applicable CARE files, and two out of seven applicable outpatient mental health files did not have initial treatment plans completed within 30 days of intake.	

Corrective Action (policy/procedure, training, environmental changes, etc): Clinical staff will sign the document when complete to reflect completion during the 30-day window. Previously, NEMHC staff completed the assess and updates within the 30 days but did not sign document until the client and or supervisor had approved which resulted in different dates of completion. The accreditation team stated they go by the clinician signature for the 30-day date	Anticipated Date Achieved/Implemented: Date 8/31/21
Supporting Evidence: All staff will be provided with a written update to the clinical tutorial which states to sign and complete the assessments and updates within the required 30 day and 6 month window.	Position Responsible: Clinical supervisors, Clinical Director
How Maintained: Quality reviews and supervisory sign off	Board Notified: Y <input type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-4	
Rule #: 67:62:08:08	Rule Statement: Treatment plan review – six month review. Treatment plans shall be reviewed in at least six month intervals and updated if needed. Treatment plan reviews shall include a written review of any progress made toward treatment goals or objectives, significant changes to the treatment goals or objectives, and a justification for the continued need for mental health services. Treatment plan reviews may be documented in the progress notes or other clinical documentation; however, any changes in the client’s treatment plan goals or objective shall e documented in the treatment plan. Treatment plan reviews shall include the mental health staff’s signature, credentials, and date.
Area of Noncompliance: Three out of four applicable CYF files and two out of five applicable CARE files did not have six-month treatment plan reviews completed. One additional CARE file had 6 month treatment plan reviews completed, but not every six months.	
Corrective Action (policy/procedure, training, environmental changes, etc): Clinical staff will sign the document when complete to reflect completion during the 30-day window. Previously, NEMHC staff completed the assess and updates within the 30 days but did not sign document until the client and or supervisor had approved which resulted in different dates of completion. The accreditation team stated they go by the clinician signature for the 30-day and six month date.	Anticipated Date Achieved/Implemented: Date 8/31/21
Supporting Evidence: All staff will be provided with a written update to the clinical tutorial which states to sign and complete the assessments and updates within the required 30 day and 6 month window	Position Responsible: Clinical Supervisors and Clinical Director
How Maintained: Quality reviews and supervisory sign off	Board Notified: Y <input type="checkbox"/> X <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

The Office of Licensing and Accreditation may conduct planned or unannounced follow up visits during your next accreditation period. Visits may be for the purpose of mid-point reviews, technical assistance, or plan of correction follow-up.

Signature of Agency Director: 	Date: 
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Please email or send Plan of Correction to:

Department of Social Services
Office of Licensing and Accreditation
3900 West Technology Circle, Suite 1
Sioux Falls, SD 57106

Email Address: DSSLicAccred@state.sd.us

The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.

Signature of Licensing Staff: 	Date: 
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